

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee-to-Elect James C. Ragland							
Full Name of Contributor Deborah Nixon Hughes					Registration Number, if PAC		
Street Address 3112 Leon Avenue		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Credit		
City Columbus	State O H	Zip Code 43219	M 0 3	D 1 9	Y 1 5	Amount 250.00	
Full Name of Contributor Kevin Dixon					Registration Number, if PAC		
Street Address 1568 Kenview Road		Employer/Occupation/Labor Organization* Behavioral Health Administrator			Form (Cash, Check, etc.) Credit		
City Columbus	State O H	Zip Code 43209	M 0 3	D 1 4	Y 1 5	Amount 100.00	
Full Name of Contributor Angel Harris					Registration Number, if PAC		
Street Address 687 Manchester Circle South		Employer/Occupation/Labor Organization* UWCO			Form (Cash, Check, etc.) Credit		
City Pickerington	State O H	Zip Code 43147	M 0 3	D 1 7	Y 1 5	Amount 100.00	
Full Name of Contributor Asya Saelim-Ector					Registration Number, if PAC		
Street Address 1028 Milford Drive		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Credit		
City Pickerington	State O H	Zip Code 43147	M 0 3	D 1 9	Y 1 5	Amount 50.00	
Full Name of Contributor Angela Bretz					Registration Number, if PAC		
Street Address 7303 Upper Cambridge Way		Employer/Occupation/Labor Organization* Nationwide			Form (Cash, Check, etc.) Credit		
City Westerville	State O H	Zip Code 43082	M 0 3	D 1 9	Y 1 5	Amount 100.00	
Full Name of Contributor Corey Minor Smith					Registration Number, if PAC		
Street Address 122 Central Plaza N		Employer/Occupation/Labor Organization* Stark MHA / Attorney			Form (Cash, Check, etc.) Credit		
City Canton	State O H	Zip Code 44702	M 0 3	D 2 0	Y 1 5	Amount 100.00	
Full Name of Contributor Antonio Green					Registration Number, if PAC		
Street Address 52365 Trailwood Drive		Employer/Occupation/Labor Organization* Funeral Home			Form (Cash, Check, etc.) Credit		
City South Lyon	State M I	Zip Code 48178	M 0 3	D 2 0	Y 1 5	Amount 250.00	
Full Name of Contributor Yakira Moore					Registration Number, if PAC		
Street Address 882 Sterling Street South		Employer/Occupation/Labor Organization* Student - University of MN			Form (Cash, Check, etc.) Credit		
City Maplewood	State O H	Zip Code 55119	M 0 3	D 1 3	Y 1 5	Amount 250.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ **1,200.00**